

**WISCONSIN TEMPORARY CONSTRUCTION FACILITY  
EMERGENCY RESPONSE & HAZARDOUS CHEMICAL REPORT**

For WEM use only: Facility I.D. # :

1. **Temporary Construction Facility Classified as (check one) :** ☐ Building Construction Project  
☐ Transportation Construction Project

2. **Project Name & Location**

Project Name:	<input type="text"/>
Location Address:	<input type="text"/>
City, State, ZIP:	<input type="text"/>
County:	<input type="text"/>
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:	<input type="text"/>
<input type="checkbox"/> Tribe:	<input type="text"/>

3. **Temporary Construction Facility Hazardous Chemical Storage Information**

This facility MAY have reportable amounts of hazardous chemicals present. For more information on hazardous chemicals which may be present during construction at the project, or to view a copy of project plans and specifications, contact the following during normal business hours:

Primary Daytime Contact Name:	<input type="text"/>	Telephone:	<input type="text"/>
Secondary Daytime Contact Name:	<input type="text"/>	Telephone:	<input type="text"/>

4. **After-Hours Emergency Contact Information**

Primary Contact Name:	<input type="text"/>	Telephone:	<input type="text"/>
Alternate Contact Name:	<input type="text"/>	Telephone:	<input type="text"/>
Alternate Contact Name:	<input type="text"/>	Telephone:	<input type="text"/>

5. **Primary Contractor of this Project**

Company Name:	<input type="text"/>
Federal Employer Identification Number (FEIN) / Tax I.D. # :	<input type="text"/>
Mailing Address:	<input type="text"/>
City, State, ZIP:	<input type="text"/>

6. **Mailing Address for this Project (If different from the address on line 5)**

Project Name:	<input type="text"/>
Attention:	<input type="text"/>
Mailing Address:	<input type="text"/>
City, State, ZIP:	<input type="text"/>

CONTINUED ON REVERSE SIDE – CERTIFICATION WITH SIGNATURE REQUIRED

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**7. Building Dates and Permit or Contract Information**

Estimated Start Date:

Building Permit # :

Estimated Completion Date:

Date Issued :

**OR** If no building permit required; Date of Contract Award:

**8. Fee Payment Determination**

a) Temporary Construction Fee:

b) Late Payment Surcharge (add \$4.00):   
(20% of amount on line "a", see NOTE below )

c) Total Fee Owed:   
Line "a" plus Line "b"

**NOTE:** For temporary construction facilities all fee payments must be submitted to Wisconsin Emergency Management within 15 calendar days of obtaining a building permit or, if a building permit is not required, within 15 calendar days of the "contract award". All fee payments submitted after the above due date shall include a 20% late payment surcharge.

The owner/operator or primary contractor of a temporary construction facility is required to file the original of this form (DMA 1125A) with Wisconsin Emergency Management (WEM) and submit copies to all Local Emergency Planning Committees (LEPCs) with jurisdiction over the facility and to all local Fire Departments with jurisdiction over the facility.

**9. CERTIFICATION**

I, as the authorized representative of the owner/operator OR primary contractor for this temporary construction facility, have reviewed this statement and certify that the information submitted is true, accurate and complete. Copies of this submission have been forwarded to all Local Emergency Planning Committees (LEPCs) with jurisdiction over the facility, and to all local Fire Departments with jurisdiction over the facility.

\_\_\_\_\_  
Printed Name

( )

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

☐ Owner

☐ Contractor

\_\_\_\_\_  
Representing

**INSTRUCTIONS FOR COMPLETING DMA FORM 1125A,  
WISCONSIN TEMPORARY CONSTRUCTION FACILITY EMERGENCY RESPONSE  
& HAZARDOUS CHEMICAL REPORT**

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Recognizing the unique and temporary nature of construction projects, Chap. WEM 1 establishes reporting requirements for temporary construction facilities. Construction projects which meet the definition of a temporary construction facility that may have reportable amounts of hazardous chemicals present during construction operations must submit to Wisconsin Emergency Management (WEM) DMA FORM 1125A and the applicable fee payment within 15 calendar days of obtaining a building permit or if a building permit is not required, within 15 calendar days of the date of the "contract award". Temporary construction facilities do not have the option of reporting under s. 166.20(5)(a)3, Stats., (submission of a Tier Two report).

"Temporary construction facility" means a facility under construction containing more than 50,000 total cubic feet of new structure or 50,000 cubic feet of remodeled structure or additions or a transportation construction project as defined under s. 84.013(1), Stats., as well as all sites within the project limits.

A "reportable chemical" means a hazardous chemical present at or above the 10,000 pound threshold reporting quantity and an extremely hazardous substance (EHS) present at or above the threshold planning quantity (TPQ) or 500 pound threshold, whichever is lower.

Copies of DMA FORM 1125A must be submitted to all Local Emergency Planning Committees (LEPCs) with jurisdiction over the temporary construction facility and all local Fire Departments with jurisdiction over the temporary construction facility.

If the owner/operator of a temporary construction facility determines that reportable amounts of hazardous chemicals will not be present during construction operations, the temporary construction facility is exempt from the requirement to submit DMA FORM 1125A and may forward correspondence to WEM to file an exemption from a DMA FORM 1125A submission.

For assistance and questions about completing the forms, please call the Facility Reporting Section at (608) 242-3221.

***Note:** A temporary construction facility that has an extremely hazardous substance at or above the threshold planning quantity is still subject to emergency planning notification and planning fee requirements under s. 166.20(5)(a)1 and (7)(a)1, Stats.*

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SUBMISSION OF DMA FORM 1125A, Wisconsin Temporary Construction Facility Emergency Response & Hazardous Chemical Report. Send the completed form to:

**Wisconsin Emergency Management  
Facility Reporting Section  
P.O. Box 7978  
Madison, WI 53707-7978**

SUBMISSION OF DMA FORM 1151, Fee Remittance Form and fee payment: If a fee is due, send it with the fee remittance form to:

**Wisconsin Emergency Management  
Fee Processing Service  
Drawer 988  
Milwaukee, WI 53293-0988**

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**Form Instructions** (use one DMA FORM 1125A for each temporary construction facility):

**Item #1** indicates if the temporary construction facility is a building construction project or a transportation construction project. Please check the appropriate box to indicate building construction project or transportation construction project.

- A building construction project is a facility under construction containing more than 50,000 total cubic feet of new structure or 50,000 cubic feet of remodeled structure or additions **or**
- A transportation construction project as defined under s. 84.013(1), Stats., as well as all sites within the project limits (this typically is referred to as a "majors" project).

**Item #2** indicates where the construction project is located. Provide the name of the project and location address. Please check the box for city, village, or town of, and write in the name. Provide the name of the county(ies) in which the construction project is located. If the location is on tribal land, please check the box and indicate the tribal name.

**Item #3** indicates primary and alternate daytime contacts during normal business hours for information regarding hazardous chemicals which may be stored at the construction project. Please provide the name and telephone number for a primary daytime contact person and provide the name and telephone number for an alternate daytime contact.

**Item #4** indicates the after-hours emergency contacts for the construction project. Please provide the name and phone number for a primary after-hours contact person and for two alternate after-hours contact persons, if available.

**Item #5** indicates the primary contractor for the construction project. Please provide the name of the primary contractor for the construction project, their Federal Employer Identification Number (FEIN) or Tax I.D. number, and their mailing address.

**Item #6**, if the mailing address for the construction project is different from the mailing address indicated in #5 for the primary contractor, please indicate the construction project's mailing address. If they are the same, go to Item #7.

**Item #7** indicates information regarding the estimated start and completion dates of the construction project. Please provide the estimated starting date of the construction project and estimated completion date.

- **If a building permit is required**, fill in the construction permit number and the date the permit was issued.
- **If a building permit is not required**, fill in the date the contract was awarded.

**Item #8** indicates the fee determination. For a temporary construction facility the fee is \$20.00 and must be paid to WEM within 15 calendar days of obtaining a building permit, or if a building permit is not required, within 15 calendar days of the date of the contract award. Fee payments received after the due date shall include a 20% Late Payment Surcharge.

- (a) The \$20.00 fee is indicated on line "a".
- (b) If a 20% late payment surcharge is due, please fill in \$4.00 on line "b".
- (c) Please total of lines "a" and "b" and enter it on line "c". This is the fee due.

Please note, if the operator has less than 10 full-time equivalent (FTE) employees in the State of Wisconsin (less than 20,000 employee hours annually), under s. 166.20(7)(d), Stats., no fee is due.

**Item #9** serves to certify the submission. Please indicate the name, phone number and official title of the person certifying the form with an original signature and date. Also indicate whether the person is the representative for the owner of the temporary construction facility or the primary contractor.

PLEASE FOLLOW INSTRUCTIONS CAREFULLY

FEE PAYMENT INSTRUCTIONS:

Complete the right-hand portion of this fee remittance form and mail it with the fee payment to:

Wisconsin Emergency Management  
Fee Processing Service  
Drawer 988  
Milwaukee, WI 53293-0988

Make checks payable to: *Wisconsin Emergency Management*  
Mail the Temporary Construction Fee payment and this Fee Remittance Form in the enclosed envelope where provided.

PROGRAM DOCUMENTS SUBMISSION:

The original Wisconsin Temporary Construction Facility Emergency Response & Hazardous Chemical Report and any other correspondence or documents should be mailed to:

Wisconsin Emergency Management  
Facility Reporting Section  
P.O. Box 7978  
Madison, WI 53707-7978

Please Note: Copies of the Wisconsin Temporary Construction Facility Emergency Response & Hazardous Chemical Report must be sent to all Local Emergency Planning Committees and local Fire Departments with jurisdiction over the facility.

FEE REMITTANCE

TEMPORARY CONSTRUCTION FACILITY  
Emergency Response & Hazardous Chemical Report

Construction Project Name:

Operator's Federal Employer Identification Number (FEIN):

Location Address:

City, State, Zip:

County of:

Payer Check #:

Fee Type: C – Construction

(1) Fee:

(2) Late Payment Surcharge: \$

(3) Total Fee Payment: \$

*See #8 of Form DMA 1125A*

Return This Remittance Form with Fee Payment to:

Wisconsin Emergency Management  
Fee Processing Service  
Drawer 988  
Milwaukee, WI 53293-0988

